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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/880,485
	Filing Date	6/13/2001
	First Named Inventor	Walden
	Group Art Unit	2165
	Examiner Name	APR 25 2002
Total Number of Pages in This Submission	Attorney Docket Number	2177 Technology Center 2100

ENCLOSURES (check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Transmittal of IDS; Cited References; PTO Form 1449; and Return Postcard
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Beck & Tysver, P.L.L.C.
Signature	<i>Stephanie A. Tysver</i>
Date	4/15/02

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 4-15-2002	
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09/880,485

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Walden	Examiner:	
Serial No.:	09/880,485	Group Art Unit:	2165
Filing Date:	June 13, 2001	Docket No.:	2177
Title	Personalized Storage Folder and Associated Site-Within-A-Site Web Site		

Date of Deposit: 4-15-02

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Printed Name: JoAnn Shimota

Transmittal of
Information Disclosure Statement
37 C.F. R. §1.97(b)

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APR 25 2002

Technology Center 2100

Assistant Commissioner for Patents
Washington, DC 20231

With regard to the above-identified application, the items of information listed on the enclosed Information Disclosure Statement are brought to the attention of the Examiner under the terms of 37 C.F.R. §1.97(b). This statement should be considered because it is submitted within three months of either the filing date of a national application or the date of entry of the national stage, or because it is submitted before the mailing date of a first Office Action on-the-merits.

In accordance with 37 C.F.R. §1.98(a)(2), a copy of each document or other information listed on the enclosed.

No representation is made that a reference is "prior art" within the meaning of 35 U.S.C. §§ 102 and 103. Moreover, Applicant does not represent that a reference has been thoroughly reviewed or that any relevance of any portion of a reference is

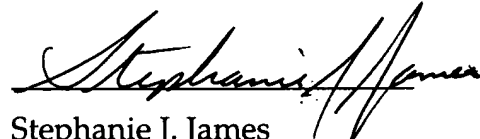
intended. The Applicant reserves the right, pursuant to 37 C.F.R. § 1.131 or otherwise, to establish either point to the contrary.

Consideration of the items listed is respectfully requested. Pursuant to the provisions of M.P.E.P. 609, it is requested that the Examiner return a copy of the attached Information Disclosure Statement, marked as being considered and initialed by the Examiner, to the undersigned with the next official communication.

Please charge any additional fees or credit any overpayment to Deposit Account No. 500246.

Respectfully submitted,
BEST BUY COMPANY, INC.
By its attorneys:

Date: 4/15/02


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